

**Effective Date: January 24, 2010**

**Revised: October 23, 2009**

We have updated our Preauthorization and Notification list for Humana Medicare Advantage (MA) plans. Please note that precertification, preadmission, preauthorization and notification requirements all refer to the same process of preauthorization. However, for MA Private-Fee-for-Service (PFFS) plans, notification is requested, not required.

The list represents services and medications [1] that are commonly reviewed and may require additional clinical information. Services must be provided according to the Medicare Coverage Guidelines, established by the Centers for Medicare & Medicaid Services (CMS) and, as such, are subject to review. According to the guidelines, all medical care, services, supplies and equipment must be medically necessary. You may review the Medicare Coverage Guidelines online at <http://www.medicare.gov/Coverage/Home.asp>.

[1] These medications include those that are delivered in the physician's office, clinic, outpatient or home setting.

*Investigational and experimental procedures are not usually covered benefits. Please consult the member's Evidence of Coverage or contact Humana for confirmation of coverage.*

**Important Notes:**

- **Humana MA HMO Members:** The full list of preauthorization requirements applies to Humana MA HMO members. For MA HMO plans in Florida, specialists should direct all service and medication administration preauthorization requests to the member's primary care physician for referral issuance. In addition, certain services outlined in the Medicare Preauthorization and Notification list may not be applicable for Chicago, Nevada or California providers affiliated with an independent physician association (IPA) via a capitated arrangement. Please refer to your provider agreement for clarification.
- **Humana MA PPO Members:** The full list of preauthorization requirements applies to Humana MA PPO members.
- **Humana MA PFFS Members:** For Humana MA PFFS members, notification is requested, but not required, so that members may be referred to appropriate case management and disease management programs. For procedures or services that are investigational, experimental or may have limited benefit coverage, or for any questions about whether Humana will pay for a service, you may request an Advanced Coverage Determination (ACD) on behalf of the member prior to providing the service. You may be contacted if additional information is needed.  
Advanced Coverage Determinations (ACDs) for PFFS members may be initiated by submitting a written request to:  
Humana Correspondence  
P.O. Box 14601  
Lexington, KY 40512-4601
- This list does not apply to members enrolled in a Humana Medicare supplement plan.
- **Humana Commercial Members:** This list **does not** affect Humana commercial plans. (See Humana's Commercial Preauthorization and Notification List.)
- **Exclusions for Pain Management Procedures:** This preauthorization requirement does not apply to Medicare Advantage PFFS members, Medicare Advantage HMO members assigned to independent physician associations (IPAs) that have a capitated or delegated arrangement with Humana, and Medicare Advantage HMO members in Alabama, California, Florida, Georgia, Louisiana, Mississippi, Nevada, South Carolina and Tennessee.

There are exceptions to this list. Not all procedures and medications are covered by all health plans. Since a single document cannot reflect all possible exceptions, individual practitioners making specific requests for services are encouraged to verify benefits and authorization requirements prior to providing services.

**Reminder:**

Except where noted via a link on the following pages, providers and facilities may submit preauthorization requests via the secure provider area of Humana's Web site at [www.humana.com/providers](http://www.humana.com/providers) (registration required), via Availity at <http://www.availity.com> (select markets only, registration required) or via the interactive voice response (IVR) line at 1-800-523-0023.

This list is subject to change with notification; however, this list may be modified throughout the year for additions of new-to-market medications without notification via U.S. postal mail.

## Medicare Advantage Preauthorization and Notification List

CATEGORY	DETAILS	COMMENTS	HMO	PPO	PFFS
<b>Inpatient Admissions</b>	Acute Hospital		Authorization	Authorization	Notification
	Acute Rehab Facilities		Authorization	Authorization	Notification
	Long-term Acute Care		Authorization	Authorization	Notification
	Skilled Nursing Facilities		Authorization	Authorization	Notification
	Mental Health and Partial Hospital/Residential Treatment		Authorization	Authorization	Notification
<b>Observation</b>	Observation Stays		Authorization	Notification	Notification
<b>Durable Medical Equipment (DME)</b>	*Cochlear and Auditory Brainstem Implants		Authorization	Authorization	Not applicable
	CPAP/BiPAP		Authorization	** Authorization	Not applicable
	CPM Machines		Authorization	** Authorization	Not applicable
	Cranial Orthotics		Authorization	** Authorization	Not applicable
	Electric Beds		Authorization	** Authorization	Not applicable
	Electric Wheelchairs/Scooters		Authorization	** Authorization	Not applicable
	High Frequency Chest Compression Vests		Authorization	** Authorization	Not applicable
	*Pain Infusion Pump			** Authorization	Not applicable
	Stimulator Devices	Includes Bone Growth, Neuromuscular and *Spinal Cord	Authorization	** Authorization	Not applicable
	Prosthetics		Authorization	** Authorization	Not applicable
	Any other DME item greater than \$750.00		Authorization	** Authorization	Not applicable
<b>Plastic Surgery/Cosmetic</b>	Abdominoplasty		Authorization	Authorization	Not applicable
	Blepharoplasty		Authorization	Authorization	Not applicable
	Breast Procedures		Authorization	Authorization	Not applicable
	Otoplasty		Authorization	Authorization	Not applicable
	Penile Implant		Authorization	Authorization	Not applicable
	Rhinoplasty		Authorization	Authorization	Not applicable
	Septoplasty		Authorization	Authorization	Not applicable
<b>Other Services</b>	Automatic Implantable Cardioverter Defibrillators (AICD)		Authorization	** Authorization	Notification
	<a href="#">Pain Management Procedures</a>	**Spinal Fusion, *Other Decompression Surgeries, **Facet Injections, *Epidural Injections (outpatient only), *Kyphoplasty, *Vertebroplasty, Pain Infusion Pump (back and neck pain only) and Spinal Cord Stimulator	Authorization	** Authorization	Not applicable
	Home Health Care/Home Infusion		Authorization	** Authorization	Not applicable
	Hyperbaric Therapy		Authorization	** Authorization	Not applicable
	Infertility Testing and Treatment		Authorization	** Authorization	Not applicable
	Obesity Surgeries		Authorization	Authorization	Notification
	Oral Surgeries		Authorization	** Authorization	Not applicable
	<a href="#">Radiation Therapy</a>		Authorization	** Authorization	Notification
	Transplant Services		Authorization	Authorization	Notification
	Uvulopalatopharyngoplasty (UPPP)		Authorization	** Authorization	Not applicable
	Varicose Vein: Surgical Treatment and Sclerotherapy		Authorization	** Authorization	Not applicable
	Ventricular Assist Devices		Authorization	** Authorization	Notification
	<a href="#">CT Scan</a>		Authorization	** Authorization	Notification
<b>Radiology: Outpatient Imaging</b>	<a href="#">MRA</a>		Authorization	** Authorization	Notification
	<a href="#">MRI</a>		Authorization	** Authorization	Notification
	<a href="#">Nuclear Stress Test</a>		Authorization	** Authorization	Notification
	<a href="#">PET Scan/National Oncology PET Registry (NOPR)</a>		Authorization	** Authorization	Notification
	<a href="#">SPECT Scan</a>		Authorization	** Authorization	Notification
<b>Outpatient Therapy Services</b>	<a href="#">Physical Therapy</a>		Authorization	Authorization	Notification
	<a href="#">Occupational Therapy</a>		Authorization	Authorization	Notification
	<a href="#">Speech Therapy</a>		Authorization	Authorization	Notification

## Medicare Advantage Preauthorization and Notification List

<b>Nonparticipating Providers</b>	All Services		Authorization	Notification	Not applicable
<b>Maternity</b>	Routine Maternity Care		Authorization	Notification	Notification
<b>Clinical Trials</b>	Clinical Trials		***	***	****

### Medication Preauthorization List

**Preauthorization is required for Humana MA HMO and Humana MA PPO. Notification is requested, not required for Humana MA PFFS\*\* for the following drugs when delivered in the physician's office, clinic, outpatient or home setting.**

To request authorization/notification, please click [here](#) to access the fax forms.

Brand	Generic		Brand	Generic
Aloxi	palonosetron HCl		Lucentis	ranibizumab
Aranesp	darbepoetin alfa		* Mozobil	* plerixafor
Arcalyst	rilonacept		Myobloc	botulinum toxin type B
Avastin	bevacizumab		Neulasta	pegfilgrastim
Avonex	interferon beta-1a		* Nplate	* romiplostim
Betaseron	interferon beta-1b		Orencia	abatacept
* Boniva	* ibandronate sodium		Pegasys	peginterferon alfa-2a
Botox	botulinum toxin type A		PegIntron	peginterferon alfa-2b
* Cerezyme	* imiglucerase		Procrit	epoetin alfa
Cimzia	certolizumab pegol		Rebif	interferon beta-1a
* Cinryze	* C1 esterase inhibitor		Reclast	zoledronic acid
Copaxone	glatiramer acetate		Relistor	methylglutathione bromide
Dacogen	decitabine		Remicade	infliximab
* Dysport	* abobotulinumtoxin A		* Remodulin	* treprostinil (injection)
Emend IV	aprepitant		Rituxan	rituximab
Enbrel	etanercept		* Sandostatin LAR	* octreotide
Epogen	epoetin alfa		* Simponi	* golimumab
Erbitux	cetuximab		Soliris	eculizumab
* Extavia	* interferon beta-1b		Somavert	pegvisomant
* Flolan	* epoprostenol (injection)		Synagis	palivizumab
Forteo	teriparatide		Torisel	temsirolimus
Fusilev	levoleucovorin		Treanda	bendamustine HCl
Growth Hormones: Genotropin, Humatrope, Norditropin, Nutropin, Nutropin AQ, Omnitrope, Saizen, Serostim, Tev-Tropin, Zorbtive	somatropin		* Tyvaso	* treprostinil (inhaled)
Herceptin	trastuzumab		Vectibix	panitumumab
Humira	adalimumab		Velcade	bortezomib
* Ilaris	* canakinumab		* Ventavis	* iloprost (inhaled)
Increlex	mecasermin		Vidaza	azacitidine
Immune Globulin: Baygam, Carimune NF, Flebogamma 5%, Gamastan, Gammagard S/D, Gammagard Liquid, Gamunex, Iivegam, Octagam, Polygam S/D, Privigen, Vivaglobulin	immune globulin		Viscosupplemental Injections: Euflexxa, Hyalgan, Orthovisc, Supartz, Synvisc, * Synvisc-One	hyaluronan and derivatives
Ixempra	ixabepilone		Xolair	omalizumab
Kineret	anakinra		Zometa	zoledronic acid

Find precertification request forms for the medications listed above [here](#).

Find Medicare Part D prescription drug authorization requirements [here](#).

\*New preauthorization requirement

\*\*New preauthorization process

\*\*\*Indicates procedures or services that may be investigational, experimental or have limited benefit coverage.

Although authorization or notification is not requested for these services, individual practitioners making specific requests are encouraged to verify benefits and authorization requirements prior to providing services.

## **Medicare Advantage Preauthorization and Notification List**

\*\*\*\*You may request an Advanced Coverage Determination (ACD) on behalf of an MA PFFS member prior to providing the service.

Advanced Coverage Determinations (ACDs) may be initiated by submitting a written request to:

Humana Correspondence  
P.O. Box 14601  
Lexington, KY 40512-4601

Services must be provided according to the Medicare Coverage Guidelines established by CMS, and, as such, are subject to review. According to the guidelines, all medical care, services, supplies and equipment must be medically necessary. You may review the Medicare Coverage Guidelines online at <http://www.medicare.gov/Coverage/Home.asp>.